

SERVICE REPORT AND INFORMATION CHECK LIST

CROMAGLASS WASTEWATER TREATMENT SYSTEM

THIS REPORT IS NECESSARY TO MAINTAIN WARRANTY PROVISIONS

I certify that on this date I personally inspected the CROMAGLASS Wastewater Treatment System installed at the property indicated below; that (unless otherwise stated) each individual component and phase of operation was carefully evaluated for condition and performance; and (unless otherwise stated) the complete system was operating at a level of efficiency satisfactory to me and to the owner-occupant of the property.

CHECK FIRST: General Conditions (Answer YES or NO, or Explain in "Remarks")

ITEM

- (1) Access lid available and removable? _____ Locked? _____ Weighted? _____
(2) Any obviously unpleasant odor near unit? _____ Near run-off? _____
(3) Any unusual continuous flow at inlet pipe? (Indication of faulty plumbing and excessive water volume? _____
(4) Were owners/occupants present during your inspection? _____

CHECK SPECIFICALLY: Mark "OK" - or Explain in "Remarks"

CONTROL PANEL

ITEM

- (5) Operational _____

TANK-COLOR OF SEWAGE

ITEM

- (6) Black _____
(7) Grayish _____
(8) Light Brown _____
(9) Dark Brown _____

TANKS AND COMPONENTS

ITEM

- (10) Water Level _____
(11) Float Level _____
(12) Piping (Tight) _____
(13) Electrical Cords _____
(14) Correct Turbulence _____
(15) Any noticeable strong detergent odor _____
(16) Any excessive amount of foreign matter visible _____

PUMPS

ITEM

- (17) Operational _____
(18) Impeller Free _____

SETTLEABLE SOLIDS TEST

ITEM

- (19) Solids Level at 10 Minutes _____
(20) Solids Level at 30 Minutes _____
(21) Supernatant Clarity _____
(22) Most recent analysis: _____
B.O.D.₅ _____
T.S.S. _____

CHLORINE CONTACT TANK (if used)

ITEM

- (23) Operational _____
(24) Adequate Supply of Chemical _____
(25) Solids Build-up _____

DENITRIFICATION (if used)

- (26) Most recent analysis: _____
Total N _____

REMARKS: Adjustments or Repairs Made - (Refer to Item Number)

(Continue on reverse side, if necessary)

Model # _____ Serial # _____

Address _____

Phone Number _____

County _____

Owner: _____

Date _____

Inspector (Sign) _____

Distributor's Name: _____

Address: _____

Or Other Agency: _____